

CMI  
4200 International Pkwy.  
Carrollton, TX 75007-1912

HSBC Best Buy  
P. O. Box 15521  
Wilmington, DE 19805

Oliver Adjustment Co.  
3416 Roosevelt Rd.  
Kenosha, WI 53142

Capital One Bank  
P. O. Box 30281  
Salt Lake City, UT 84180-0281

Account Recovery Service  
3031 N. 114th Street  
Milwaukee, WI 53222-4208

Account Recovery Services  
3031 N. 114th Street  
Milwaukee, WI 53222-4208

American Collection Corp.  
919 Estes Ct.  
Schaumburg, IL 60193-4427

AmeriCredit Financial Services, Inc.  
P. O. Box 183123  
Arlington, TX 76096-3123

AMO Recoveries  
P. O. Box 926100  
Norcross, GA 30010-6200

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Armor Systems Corp.  
2322 N. Green Bay Rd.  
Waukegan, IL 60087-4209

Arrow Financial Services  
5996 W. Touhy Ave.  
Niles, IL 60714-4610

Certified Services, Inc.  
1733 Washington St., St. 201  
Waukegan, IL 60085-5179

CMI  
4200 International Pkwy.  
Carrollton, TX 75007-1912

Credit Management LP  
17070 Dallas Pkwy.  
Dallas, TX 75248-1950

Credit Management LP  
4200 International Pkwy.  
Carrollton, TX 75007

Credit Protection Assoc.  
13355 Noel Rd., Ste. 2100  
Dallas, TX 75240

Falls Collection Service  
P. O. Box 668  
Germantown, WI 53022

Federated Adjustment Co., Inc.  
P. O. Box 17165  
Milwaukee, WI 53217-0165

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Financial Control Service  
N114 W 19225 Clinton Dr.  
Germantown, WI 53022

First Premier Bank  
601 S. Minnesota Ave.  
Sioux Falls, SD 57104

First Premier Bank  
3820 N. Louise Ave.  
Sioux Falls, SD 57107-0145

Genesis Clinical Laboratory  
1590 Paysphere Circle  
Chicago, IL 60074-0015

Genesis Clinical Laboratory  
1590 Paysphere Circle  
Chicago, IL 60674-0015

Household Credit Services  
P. O. Box 98706  
Las Vegas, NV 89193-8706

HSBC Bank  
P. O. Box 5253  
Carol Stream, IL 60197

K. C. A. Financial Service  
P. O. Box 63  
Geneva, IL 60134-0053

Kenosha County Circuit Court  
912 56th St.  
Kenosha, WI 53140

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Kenosha Pathology Consultants  
P. O. Box 130  
Kenosha, WI 53141-0130

Lake Forest OB/GYN & Infertility  
900 N. Westmoreland Rd., Ste. 228  
Lake Forest, IL 60030

Law Offices of Mitchell N. Kay, P.C.  
P. O. Box 2374  
Chicago, IL 60690-2374

LCA  
P. O., Box 2240  
Burlington, NC 27216-2240

Majed Jandali MD PC  
6308 Eighth Ave., Ste. 3050  
Kenosha, WI 53143

Majed Jandali MD SC  
Attn: Collections  
6308 8th Ave., Ste. 3050  
Kenosha, WI 53143

Medco Financial Asoc., Inc.  
P. O. Box 525  
Gurnee, IL 60031

Midland Credit Mgmt., Inc.  
8875 Aero Dr., Ste. 200  
San Diego, CA 92123

Midwest Phys. Anes. Srvcs., P. C.  
4703 Paysphere Circle  
Chicago, IL 60674

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Money Control  
P. O. Box 49990  
Riverside, CA 92514-1990

NCO Financial  
P. O. Box 41466  
Philadelphia, PA 19101

NCO Financial Systems  
P. O. Box 27141  
Philadelphia, PA 19101

NCO Financial Systems, Inc.  
P. O. Box 15630  
Wilmington, DE 19850-5630

Oliver Adjustment  
3917 47th Ave.  
Kenosha, WI 53144-1956

Oliver Adjustment Co.  
3416 Roosevelt Rd.  
Kenosha, WI 53142-3937

Oliver Adjustment Co.  
3416 Roosevelt Rd.  
Kenosha, WI 53142

Olvier Adjustment Co.  
3416 Roosevelt Rd.  
Kenosha, WI 53142-3937

Oxford Collection Service  
135 Maxess Rd., Ste. 2A  
Melville, NY 11747

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Peoples Energy  
130 E. Randolph Dr., 17th Floor  
Chicago, IL 60601

Portfolio Recovery Assoc.  
P. O. Box 12914  
Norfolk, VA 23541-0914

Professional Account Mgmt.  
2040 W. Wisconsin Ave.  
Milwaukee, WI 53233

Revenue Cycle Solutions  
3 Westbrook, Suite 200  
Westchester, IL 11/01/05

Riddle & Wood, P.C.  
P. O. Box 1187  
Sandy, UT 84091-1187

Sallie Mae  
P. O. Box 9500  
Wilkes Barre, PA 18773-9500

Senex Services  
3500 Depauw Blvd., Ste. 3050  
Indianapolis, IN 46268-1138

State Colleciton Service  
P. O. Box 6250  
Madison, WI 53701

State Collection Serv.  
P. O. Box 6250  
Madison, WI 53701

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State Collection Service  
P. O. Box 6250  
Madison, WI 53701

State Collection Services  
P. O. Box 6250  
Madison, WI 53701

Target National Bank  
P. O. Box 673  
Minneapolis, MN 55440-0673

Transworld Systems, Inc.  
25 Northwest Point Blvd., #750  
Elk Grove Village, IL 60007

U. S. Cellular  
P. O. Box 0203  
Palatine, IL 60055-0203

Unifund CCR Partners  
10625 Techwood Cir.  
Cincinnati, OH 45242-2846

United Hospital System  
6308 Eighth Ave.  
Kenosha, WI 54143-5082

United Hospital System  
6308 8th Ave.  
Kenosha, WI 53143-5082

United Hospital System, Inc.  
6308 Eighth Ave.  
Kenosha, WI 53143-5082

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United Hospital Systems  
6308 8th Ave.  
Kenosha, WI 53143-5082

Washington Mutual  
5040 Johnson Dr.  
Pleasanton, CA 94566

Washington Mutual/Provident  
P. O. Box 9180  
Pleasanton, CA 94566

Wisconsin Electric  
333 W. Everett St.  
Milwaukee, WI 53290-0001



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In Re:  
**Ryanne Elizabeth Langley**

Bankruptcy Case Number: \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: \_\_\_\_\_

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 9/16/2009

s/ Ryanne Elizabeth Langley  
**Ryanne Elizabeth Langley**  
Debtor

United States Bankruptcy Court Northern District of Illinois Eastern Division						Voluntary Petition					
Name of Debtor (if individual, enter Last, First, Middle): <b>Langley, Ryanne, Elizabeth</b>					Name of Joint Debtor (Spouse) (Last, First, Middle):						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):						
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): <b>7896</b>					Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):						
Street Address of Debtor (No. & Street, City, and State): <b>1015 31st Street Zion, IL</b>					Street Address of Joint Debtor (No. & Street, City, and State):						
ZIP CODE <b>60099</b>					ZIP CODE						
County of Residence or of the Principal Place of Business: <b>Lake</b>					County of Residence or of the Principal Place of Business:						
Mailing Address of Debtor (if different from street address):					Mailing Address of Joint Debtor (if different from street address):						
ZIP CODE					ZIP CODE						
Location of Principal Assets of Business Debtor (if different from street address above):					ZIP CODE						
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding			<b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					<b>Chapter 11 Debtors</b> <b>Check one box:</b>  <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).						
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000											
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion											
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion											

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		<b>Document</b> Page 11 of 70 Name of Debtor(s): <b>Ryanne Elizabeth Langley</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>NONE</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <b>X s/Laura J. Maitland</b> <b>9/16/2009</b> Signature of Attorney for Debtor(s) Date <b>Laura J. Maitland</b> <b>6280521</b>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).  _____ (Name of landlord that obtained judgment)  _____ (Address of landlord)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	<b>Document</b> Name of Debtor(s): <b>Ryanne Elizabeth Langley</b>
<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X s/ Ryanne Elizabeth Langley</b>          _____          Signature of Debtor <b>Ryanne Elizabeth Langley</b></p> <p><b>X Not Applicable</b>          _____          Signature of Joint Debtor</p> <p>_____          Telephone Number (If not represented by attorney)</p> <p><b>9/16/2009</b>          _____          Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only <b>one</b> box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X Not Applicable</b>          _____          (Signature of Foreign Representative)</p> <p>_____          (Printed Name of Foreign Representative)</p> <p>_____          Date</p>
<p style="text-align: center;"><b>Signature of Attorney</b></p> <p><b>X s/Laura J. Maitland</b>          _____          Signature of Attorney for Debtor(s)</p> <p><b>Laura J. Maitland Bar No. 6280521</b>          _____          Printed Name of Attorney for Debtor(s) / Bar No.</p> <p><b>Rawles &amp; Maitland</b>          _____          Firm Name</p> <p><b>325 Washington Street Suite 301</b>          _____          Address</p> <p><b>Waukegan, IL 60085-5526</b>          _____</p> <p><b>(847) 360-8040</b> <b>(847) 557-9014</b>          _____          Telephone Number</p> <p><b>9/16/2009</b>          _____          Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;"><b>Signature of Non-Attorney Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p><b>Not Applicable</b>          _____          Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____          Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____          Address</p> <p><b>X Not Applicable</b>          _____</p> <p>_____          Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X Not Applicable</b>          _____          Signature of Authorized Individual</p> <p>_____          Printed Name of Authorized Individual</p> <p>_____          Title of Authorized Individual</p> <p>_____          Date</p>	

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**  
**Eastern Division**

In re **Ryanne Elizabeth Langley**  
Debtor

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: **s/ RYANNE ELIZABETH LANGLEY**  
**RYANNE ELIZABETH LANGLEY**

Date: **9/16/2009**

B6A (Official Form 6A) (12/07)

In re: Ryanne Elizabeth Langley,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total			0.00	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re Ryanne Elizabeth Langley Case No. \_\_\_\_\_  
Debtor (If known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	<b>X</b>			
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit with electric company</b>		<b>81.00</b>
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Miscellaneous household goods and furnishings located at debtor's residence</b>		<b>200.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Misc. used clothing located at debtor's residence</b>		<b>50.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>Abbott Laboratories 401K plan subject to offset for loan collateralized by plan contributions balance of \$3256.13 less loan balance due of \$2,980.78</b>		<b>275.35</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			



B6B (Official Form 6B) (12/07) -- Cont.

In re Ryanne Elizabeth Langley Case No. \_\_\_\_\_  
Debtor (If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2005 Chevy Malibu LS-V6 with approximately 85,000 miles subject to auto loan in the approximate amount of \$10,444.00 (\$313.70 monthly);</b>		<b>5,820.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re Ryanne Elizabeth Langley,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<u>2</u> continuation sheets attached			Total >	<b>\$ 6,426.35</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (12/07)

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Abbott Laboratories 401K plan subject to offset for loan collateralized by plan contributions balance of \$3256.13 less loan balance due of \$2,980.78	735 ILCS 5/12-704	0.00	275.35
Misc. used clothing located at debtor's residence	735 ILCS 5/12-1001(b)	50.00	50.00
Miscellaneous household goods and furnishings located at debtor's residence	735 ILCS 5/12-1001(b)	200.00	200.00
Security deposit with electric company	735 ILCS 5/12-1001(b)	81.00	81.00

B6D (Official Form 6D) (12/07)

In re Ryanne Elizabeth Langley,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			VALUE					

0 continuation sheets attached

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

\$	0.00	\$	0.00
\$	0.00	\$	0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (12/07)

In re Ryanne Elizabeth Langley

Debtor

Case No. \_\_\_\_\_

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**1 continuation sheets attached**

B6E (Official Form 6E) (12/07) – Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

### Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 94834569901000XXXX Sallie Mae P. O. Box 9500 Wilkes Barre, PA 18773-9500			06/01/2008 Student loan		X		609.00	0.00	\$609.00
ACCOUNT NO. 94834569901000XXXX Sallie Mae P. O. Box 9500 Wilkes Barre, PA 18773-9500			06/01/2008 Student loan		X		914.00	0.00	\$914.00
ACCOUNT NO. 94834569901000XXXX Sallie Mae P. O. Box 9500 Wilkes Barre, PA 18773-9500			06/01/2008 Student loan		X		3,500.00	0.00	\$3,500.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

Total >  
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total >  
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 5,023.00	\$ 0.00	\$ 5,023.00
\$ 5,023.00		
	\$ 0.00	\$ 5,023.00

B6F (Official Form 6F) (12/07)

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>31371XXX</b>  <b>CMI</b> <b>4200 International Pkwy.</b> <b>Carrollton, TX 75007-1912</b>		<b>04/01/2006</b>  <b>Cable/Internet services provided by Time Warner</b>		<b>X</b>		<b>180.00</b>
ACCOUNT NO. <b>700119110947XXXX</b>  <b>HSBC Best Buy</b> <b>P. O. Box 15521</b> <b>Wilmington, DE 19805</b>		<b>12/01/2005</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>1,609.00</b>
ACCOUNT NO. <b>1700322XXX</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>05/01/2008</b>  <b>Services rendered b y United Hospital Systems as original creditor</b>		<b>X</b>		<b>19.00</b>
ACCOUNT NO. <b>D1483698N1</b>  <b>Account Recovery Service</b> <b>3031 N. 114th Street</b> <b>Milwaukee, WI 53222-4208</b>		<b>08/01/2008</b>  <b>Medical services rendered by Kenosha Family Medical Ctr.</b>		<b>X</b>		<b>2,492.00</b>
ACCOUNT NO. <b>D7007XXX</b>  <b>Account Recovery Services</b> <b>3031 N. 114th Street</b> <b>Milwaukee, WI 53222-4208</b>		<b>06/01/2003</b>  <b>Collection on behalf of unknown original creditor</b>		<b>X</b>		<b>100.00</b>

16 Continuation sheets attached

Subtotal >	\$ <b>4,400.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>706470</b>  <b>American Collection Corp.</b> <b>919 Estes Ct.</b> <b>Schaumburg, IL 60193-4427</b>		<b>08/01/2008</b>  <b>Utility services provided by Peoples Energy</b>		<b>X</b>		<b>428.00</b>
ACCOUNT NO. <b>43503XXXX</b>  <b>AmeriCredit Financial Services, Inc.</b> <b>P. O. Box 183123</b> <b>Arlington, TX 76096-3123</b>		<b>06/16/2009</b>  <b>Deficiency after repossession and sale of 2005 Chevrolet Malibu</b>				<b>10,616.65</b>
ACCOUNT NO. <b>61193121</b>  <b>AMO Recoveries</b> <b>P. O. Box 926100</b> <b>Norcross, GA 30010-6200</b>		<b>09/17/2008</b>  <b>Telecommunication services rendered by U. S. Cellular as original creditor</b>		<b>X</b>		<b>559.14</b>
ACCOUNT NO. <b>1002220156</b>  <b>Armor Systems Corp.</b> <b>2322 N. Green Bay Rd.</b> <b>Waukegan, IL 60087-4209</b>		<b>08/01/2008</b>  <b>Medical services rendered by Midwestern Regional Medical</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>27584665</b>  <b>Arrow Financial Services</b> <b>5996 W. Touhy Ave.</b> <b>Niles, IL 60714-4610</b>		<b>07/01/2008</b>  <b>Consumer purchase of goods and/or services from Target as predecessor in interest</b>		<b>X</b>		<b>466.00</b>

Sheet no. 1 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>12,169.79</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>28941619</b>  <b>Arrow Financial Services</b> <b>5996 W. Touhy Ave.</b> <b>Niles, IL 60714-4610</b>  <b>First Premier Bank</b> <b>3820 N. Louise Ave.</b> <b>Sioux Falls, SD 57107-0145</b>  <b>Riddle &amp; Wood, P.C.</b> <b>P. O. Box 1187</b> <b>Sandy, UT 84091-1187</b>		<b>07/01/2008</b>  Consumer credit for the purchase of goods and/or services extended by First Premier Bank		X		<b>852.00</b>
ACCOUNT NO. <b>18387758</b>  <b>Arrow Financial Services</b> <b>5996 W. Touhy Ave.</b> <b>Niles, IL 60714-4610</b>		<b>06/01/2004</b>  Consumer credit for the purchase of goods and/or services extended by Household Bank		X		<b>1,967.00</b>
ACCOUNT NO. <b>312174209711XXXX</b>  <b>Capital One Bank</b> <b>P. O. Box 30281</b> <b>Salt Lake City, UT 84180-0281</b>		<b>02/01/2008</b>  Consumer credit for the purchase of goods and/or services		X		<b>1,470.00</b>
ACCOUNT NO. <b>Q588XXX</b>  <b>Certified Services, Inc.</b> <b>1733 Washington St., St. 201</b> <b>Waukegan, IL 60085-5179</b>		<b>04/01/2006</b>  Services rendered by Lake County Health Dept. as original creditor		X		<b>85.00</b>

Sheet no. 2 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>4,374.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>361342XXX</b>  <b>CMI</b> <b>4200 International Pkwy.</b> <b>Carrollton, TX 75007-1912</b>		<b>04/01/2008</b>  <b>Communication services rendered by</b> <b>Comcast Chicago</b>		<b>X</b>		<b>442.00</b>
ACCOUNT NO. <b>3137XXXX</b>  <b>Credit Management LP</b> <b>17070 Dallas Pkwy.</b> <b>Dallas, TX 75248-1950</b>		<b>Collection on behalf of Time Warner for</b> <b>telecommunication services</b>		<b>X</b>		<b>0.00</b>
ACCOUNT NO. <b>36134280</b>  <b>Credit Management LP</b> <b>4200 International Pkwy.</b> <b>Carrollton, TX 75007</b>		<b>02/08/2008</b>  <b>Consumer services rendered by</b> <b>Comcast as original creditor</b>		<b>X</b>		<b>442.00</b>
ACCOUNT NO. <b>1223290XXX</b>  <b>Credit Protection Assoc.</b> <b>13355 Noel Rd., Ste. 2100</b> <b>Dallas, TX 75240</b>		<b>06/01/2005</b>  <b>Communication services rendered by</b> <b>Comcast</b>		<b>X</b>		<b>134.00</b>
ACCOUNT NO. <b>7847978417</b>  <b>Falls Collection Service</b> <b>P. O. Box 668</b> <b>Germantown, WI 53022</b>		<b>08/01/2002</b>  <b>Utility services provided by WE</b> <b>Energies as original creditor</b>		<b>X</b>		<b>984.00</b>

Sheet no. 3 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,002.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1163640</b>  <b>Federated Adjustment Co., Inc.</b> <b>P. O. Box 17165</b> <b>Milwaukee, WI 53217-0165</b>		<b>07/01/2008</b>  <b>Medical services rendered by St. Catherine's Medical Ctr. as original creditor</b>		<b>X</b>		<b>25.00</b>
ACCOUNT NO. <b>7213633XXX</b>  <b>Financial Control Service</b> <b>N114 W 19225 Clinton Dr.</b> <b>Germantown, WI 53022</b>		<b>05/01/2006</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>1,161.00</b>
ACCOUNT NO. <b>517800703917</b>  <b>First Premier Bank</b> <b>601 S. Minnesota Ave.</b> <b>Sioux Falls, SD 57104</b>		<b>05/01/2002</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>477.00</b>
ACCOUNT NO. <b>185L3716-0</b>  <b>Genesis Clinical Laboratory</b> <b>1590 Paysphere Circle</b> <b>Chicago, IL 60674-0015</b>		<b>06/05/2008</b>  <b>Medical Services</b>		<b>X</b>		<b>9.81</b>
ACCOUNT NO. <b>188L25490-0</b>  <b>Genesis Clinical Laboratory</b> <b>1590 Paysphere Circle</b> <b>Chicago, IL 60074-0015</b>		<b>09/17/2008</b>  <b>Medical services</b>		<b>X</b>		<b>9.81</b>

Sheet no. 4 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>1,682.62</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley Case No. \_\_\_\_\_  
Debtor (If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>515597001163XXX</b>  <b>Household Credit Services</b> <b>P. O. Box 98706</b> <b>Las Vegas, NV 89193-8706</b>		<b>01/01/2007</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>283.00</b>
ACCOUNT NO. <b>466309000753XXX</b>  <b>Household Credit Services</b> <b>P. O. Box 98706</b> <b>Las Vegas, NV 89193-8706</b>		<b>01/01/2007</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>235.00</b>
ACCOUNT NO. <b>515597001163XXX</b>  <b>HSBC Bank</b> <b>P. O. Box 5253</b> <b>Carol Stream, IL 60197</b>  <b>Law Offices of Mitchell N. Kay, P.C.</b> <b>P. O. Box 2374</b> <b>Chicago, IL 60690-2374</b>		<b>10/01/2007</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>636.00</b>
ACCOUNT NO. <b>466309000753XXX</b>  <b>HSBC Bank</b> <b>P. O. Box 5253</b> <b>Carol Stream, IL 60197</b>		<b>10/01/2007</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>616.00</b>

Sheet no. 5 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>1,770.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>10512XXXX</b>  <b>K. C. A. Financial Service</b> <b>P. O. Box 63</b> <b>Geneva, IL 60134-0053</b>		<b>07/01/2008</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>867.00</b>
ACCOUNT NO. <b>XXXX</b>  <b>Kenosha County Circuit Court</b> <b>912 56th St.</b> <b>Kenosha, WI 53140</b>		<b>09/01/2005</b>  <b>Judgment entered against debtor and in favor of United Hospital System Inc. under case number 05 SC 003228</b>		<b>X</b>		<b>1,377.00</b>
ACCOUNT NO. <b>80657</b>  <b>Kenosha Pathology Consultants</b> <b>P. O. Box 130</b> <b>Kenosha, WI 53141-0130</b>		<b>01/02/2009</b>  <b>Medical services rendered</b>		<b>X</b>		<b>16.32</b>
ACCOUNT NO. <b>27597</b>  <b>Lake Forest OB/GYN &amp; Infertility</b> <b>900 N. Westmoreland Rd., Ste. 228</b> <b>Lake Forest, IL 60030</b>		<b>08/14/2008</b>  <b>Medical services</b>		<b>X</b>		<b>2.03</b>
ACCOUNT NO. <b>08242917</b>  <b>LCA</b> <b>P. O., Box 2240</b> <b>Burlington, NC 27216-2240</b>		<b>05/02/2008</b>  <b>Medical services</b>		<b>X</b>		<b>17.03</b>

Sheet no. 6 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,279.38</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>081185E</b>  <b>Majed Jandali MD PC</b> <b>6308 Eighth Ave., Ste. 3050</b> <b>Kenosha, WI 53143</b>		<b>10/24/2008</b>  <b>Medical services</b>		<b>X</b>		<b>171.95</b>
ACCOUNT NO. <b>65263-0008115E</b>  <b>Majed Jandali MD SC</b> <b>Attn: Collections</b> <b>6308 8th Ave., Ste. 3050</b> <b>Kenosha, WI 53143</b>  <b>Transworld Systems, Inc.</b> <b>25 Northwest Point Blvd., #750</b> <b>Elk Grove Village, IL 60007</b>		<b>01/08/2009</b>  <b>Medical services rendered</b>		<b>X</b>		<b>171.65</b>
ACCOUNT NO. <b>XXXXX</b>  <b>Medco Financial Asoc., Inc.</b> <b>P. O. Box 525</b> <b>Gurnee, IL 60031</b>		<b>05/01/2008</b>  <b>Services rendered by Rhu Health System as original creditor</b>		<b>X</b>		<b>311.00</b>
ACCOUNT NO. <b>851054XXXX</b>  <b>Midland Credit Mgmt., Inc.</b> <b>8875 Aero Dr., Ste. 200</b> <b>San Diego, CA 92123</b>		<b>07/01/2008</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>1,099.00</b>

Sheet no. 7 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>1,753.60</b>
Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>851456XXX</b>  <b>Midland Credit Mgmt., Inc.</b> <b>8875 Aero Dr., Ste. 200</b> <b>San Diego, CA 92123</b>		<b>07/01/2008</b>  <b>Consumer services rendered by SBC</b> <b>Ameritech, original creditor</b>		<b>X</b>		<b>108.00</b>
ACCOUNT NO. <b>227-024009640</b>  <b>Midwest Phys. Anes. Srvc., P. C.</b> <b>4703 Paysphere Circle</b> <b>Chicago, IL 60674</b>		<b>09/08/2008</b>  <b>Medical services rendered</b>		<b>X</b>		<b>168.48</b>
ACCOUNT NO. <b>5879XXX</b>  <b>Money Control</b> <b>P. O. Box 49990</b> <b>Riverside, CA 92514-1990</b>		<b>10/01/2002</b>  <b>Services rendered by Ameritech as</b> <b>original creditor</b>		<b>X</b>		<b>108.00</b>
ACCOUNT NO. <b>68885154XXX</b>  <b>NCO Financial</b> <b>P. O. Box 41466</b> <b>Philadelphia, PA 19101</b>		<b>05/01/2007</b>  <b>Services rendered by Commonwealth</b> <b>Edison as original creditor</b>		<b>X</b>		<b>256.00</b>
ACCOUNT NO. <b>70205XXXX</b>  <b>NCO Financial</b> <b>P. O. Box 41466</b> <b>Philadelphia, PA 19101</b>		<b>07/01/2008</b>  <b>Services provided by City of Zion as</b> <b>original creditor</b>		<b>X</b>		<b>135.00</b>

Sheet no. 8 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>775.48</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9182XXX</b>  <b>NCO Financial Systems</b> <b>P. O. Box 27141</b> <b>Philadelphia, PA 19101</b>		<b>12/01/2007</b>  <b>Goods/services rendered by Unitrin</b> <b>Direct as original creditor</b>		<b>X</b>		<b>170.00</b>
ACCOUNT NO. <b>9057XXX</b>  <b>NCO Financial Systems</b> <b>P. O. Box 27141</b> <b>Philadelphia, PA 19101</b>		<b>01/01/2007</b>  <b>Consumer goods/services rendered by</b> <b>Unitrin Direct as original creditor</b>		<b>X</b>		<b>98.00</b>
ACCOUNT NO. <b>5067988-071123</b>  <b>NCO Financial Systems, Inc.</b> <b>P. O. Box 15630</b> <b>Wilmington, DE 19850-5630</b>		<b>08/09/2008</b>  <b>Medical Services rendered by United</b> <b>Occ Med. &amp; Walkin Serv. as original</b> <b>creditor</b>		<b>X</b>		<b>25.00</b>
ACCOUNT NO. <b>170032XXXX</b>  <b>Oliver Adjustment</b> <b>3917 47th Ave.</b> <b>Kenosha, WI 53144-1956</b>		<b>03/01/2004</b>  <b>Medical service rendered by United</b> <b>Hospital System, Inc. as original</b> <b>creditor</b>		<b>X</b>		<b>19.00</b>
ACCOUNT NO. <b>1700439936</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>05/01/2008</b>  <b>Servuces rendered by United Hospital</b> <b>System as original creditor</b>		<b>X</b>		<b>100.00</b>

Sheet no. 9 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>412.00</b>
Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1700316750</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142-3937</b>		<b>05/01/2008</b>  <b>Medical services rendered by United Hospital System Inc. as original creditor</b>		<b>X</b>		<b>153.00</b>
ACCOUNT NO. <b>1700335824</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>05/01/2008</b>  <b>Services rendered by United Hospital System, Inc. as original creditor</b>		<b>X</b>		<b>211.00</b>
ACCOUNT NO. <b>1700397019</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>05/01/2008</b>  <b>Services rendered by United Hospital System, Inc. as original creditor</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>1700406056</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>05/01/2008</b>  <b>Services rendered by United Hospital System as original creditor</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>21189655</b>  <b>Oxford Collection Service</b> <b>135 Maxess Rd., Ste. 2A</b> <b>Melville, NY 11747</b>		<b>03/01/2008</b>  <b>Credit extended by FFPM Carmel Holdings I as original creditor</b>		<b>X</b>		<b>639.00</b>

Sheet no. 10 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>1,203.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5500037660831</b>  <b>Peoples Energy</b> <b>130 E. Randolph Dr., 17th Floor</b> <b>Chicago, IL 60601</b>		<b>07/01/2008</b>  <b>Utility services</b>		<b>X</b>		<b>456.00</b>
ACCOUNT NO. <b>4559512400833951</b>  <b>Portfolio Recovery Assoc.</b> <b>P. O. Box 12914</b> <b>Norfolk, VA 23541-0914</b>		<b>03/01/2006</b>  <b>Consumer credit for the purchase of goods and/or services extended by Providian National Bank as original creditor</b>		<b>X</b>		<b>156.00</b>
ACCOUNT NO. <b>2856722</b>  <b>Professional Account Mgmt.</b> <b>2040 W. Wisconsin Ave.</b> <b>Milwaukee, WI 53233</b>		<b>07/01/2005</b>  <b>Services rendered by North Shore Bank as original creditor</b>		<b>X</b>		<b>280.00</b>
ACCOUNT NO. <b>970161</b>  <b>Revenue Cycle Solutions</b> <b>3 Westbrook, Suite 200</b> <b>Westchester, IL 11/01/05</b>		<b>11/01/2005</b>  <b>Services rendered by Victory Memorial Hospital as original creditor</b>		<b>X</b>		<b>463.00</b>
ACCOUNT NO. <b>D1487919N1</b>  <b>Senex Services</b> <b>3500 Depauw Blvd., Ste. 3050</b> <b>Indianapolis, IN 46268-1138</b>		<b>03/01/2007</b>  <b>Services rendered by Victory Memorial Hospital as original creditor</b>		<b>X</b>		<b>463.00</b>

Sheet no. 11 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>1,818.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>D1536949N1</b>  <b>Senex Services</b> <b>3500 Depauw Blvd., Ste. 3050</b> <b>Indianapolis, IN 46268-1138</b>		<b>03/01/2007</b>  <b>Services rendered by St. Therese</b> <b>Medical Center as original creditor</b>		<b>X</b>		<b>194.00</b>
ACCOUNT NO. <b>4307769</b>  <b>State Colleciton Service</b> <b>P. O. Box 6250</b> <b>Madison, WI 53701</b>		<b>12/01/2007</b>  <b>Medical services rendered by Aurora</b> <b>Health Care as original creditor</b>		<b>X</b>		<b>328.00</b>
ACCOUNT NO. <b>2995966</b>  <b>State Collection Serv.</b> <b>P. O. Box 6250</b> <b>Madison, WI 53701</b>		<b>12/01/2007</b>  <b>Medical services rendered by Aurora</b> <b>Health Care as original creditor</b>		<b>X</b>		<b>175.00</b>
ACCOUNT NO. <b>2896107</b>  <b>State Collection Service</b> <b>P. O. Box 6250</b> <b>Madison, WI 53701</b>		<b>06/01/2008</b>  <b>Medical services rendered by MEA</b> <b>Kenosha as original creditor</b>		<b>X</b>		<b>223.00</b>
ACCOUNT NO. <b>289XXXX</b>  <b>State Collection Service</b> <b>P. O. Box 6250</b> <b>Madison, WI 53701</b>		<b>03/01/2003</b>  <b>Collection action for unknown original</b> <b>creditor</b>		<b>X</b>		<b>218.00</b>

Sheet no. 12 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>1,138.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7920453</b>  <b>State Collection Service</b> <b>P. O. Box 6250</b> <b>Madison, WI 53701</b>		<b>12/01/2007</b>  <b>Medical services rendered by Aurora Health Care as original creditor</b>		<b>X</b>		<b>80.00</b>
ACCOUNT NO. <b>7920452</b>  <b>State Collection Services</b> <b>P. O. Box 6250</b> <b>Madison, WI 53701</b>		<b>12/01/2007</b>  <b>Medical services rendered by Aurora Health Care as original creditor</b>	<b>X</b>			<b>100.00</b>
ACCOUNT NO. <b>6960161</b>  <b>State Collection Services</b> <b>P. O. Box 6250</b> <b>Madison, WI 53701</b>		<b>12/01/2007</b>  <b>Medical services rendered by Aurora Health Care as original creditor</b>		<b>X</b>		<b>683.00</b>
ACCOUNT NO. <b>92535050</b>  <b>Target National Bank</b> <b>P. O. Box 673</b> <b>Minneapolis, MN 55440-0673</b>		<b>12/01/2001</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>299.00</b>
ACCOUNT NO. <b>714355476-015</b>  <b>U. S. Cellular</b> <b>P. O. Box 0203</b> <b>Palatine, IL 60055-0203</b>		<b>08/06/2008</b>  <b>Cellular phone service</b>		<b>X</b>		<b>447.31</b>

Sheet no. 13 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>1,609.31</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7001191109478363</b>  <b>Unifund CCR Partners</b> <b>10625 Techwood Cir.</b> <b>Cincinnati, OH 45242-2846</b>		<b>07/01/2008</b>  <b>Services/goods rendered by Colonial Household Bank CC as original creditor</b>		<b>X</b>		<b>2,047.00</b>
ACCOUNT NO. <b>14228600006</b>  <b>United Hospital System</b> <b>6308 Eighth Ave.</b> <b>Kenosha, WI 54143-5082</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>03/12/2008</b>  <b>Medical services rendered</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>14228600010-2</b>  <b>United Hospital System</b> <b>6308 8th Ave.</b> <b>Kenosha, WI 53143-5082</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142-3937</b>		<b>08/06/2008</b>  <b>Medical services rendered</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>14228600012-2</b>  <b>United Hospital System</b> <b>6308 8th Ave.</b> <b>Kenosha, WI 53143-5082</b>		<b>10/01/2008</b>  <b>Medical services</b>				<b>46.77</b>

Sheet no. 14 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,293.77</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>14228600008</b>  <b>United Hospital System, Inc.</b> <b>6308 Eighth Ave.</b> <b>Kenosha, WI 53143-5082</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>04/02/2008</b>  <b>Medical services rendered</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>14228600007</b>  <b>United Hospital System, Inc.</b> <b>6308 Eighth Ave.</b> <b>Kenosha, WI 53143-5082</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>05/13/2008</b>  <b>Medical services rendered</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>14228600005</b>  <b>United Hospital System, Inc.</b> <b>6308 Eighth Ave.</b> <b>Kenosha, WI 53143-5082</b>  <b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>		<b>08/17/2004</b>  <b>Medical services rendered</b>		<b>X</b>		<b>90.01</b>
ACCOUNT NO. <b>14228600011-3</b>  <b>United Hospital Systems</b> <b>6308 8th Ave.</b> <b>Kenosha, WI 53143-5082</b>		<b>10/01/2008</b>  <b>Medical services</b>		<b>X</b>		<b>1,766.73</b>

Sheet no. 15 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,056.74</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>14228600010-2</b>  <b>United Hospital Systems</b> <b>6308 8th Ave.</b> <b>Kenosha, WI 53143-5082</b>		<b>09/04/2008</b>  <b>Medical Services</b>		<b>X</b>		<b>100.00</b>
ACCOUNT NO. <b>4559512400833951</b>  <b>Washington Mutual</b> <b>5040 Johnson Dr.</b> <b>Pleasanton, CA 94566</b>		<b>03/01/2004</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>306.00</b>
ACCOUNT NO. <b>455951240083</b>  <b>Washington Mutual/Providian</b> <b>P. O. Box 9180</b> <b>Pleasanton, CA 94566</b>		<b>11/01/2001</b>  <b>Consumer credit for the purchase of goods and/or services</b>		<b>X</b>		<b>155.00</b>
ACCOUNT NO. <b>7847978417</b>  <b>Wisconsin Electric</b> <b>333 W. Everett St.</b> <b>Milwaukee, WI 53290-0001</b>		<b>08/01/2005</b>  <b>Utility services</b>		<b>X</b>		<b>1.00</b>
ACCOUNT NO. <b>7213633881</b>  <b>Wisconsin Electric</b> <b>333 W. Everett St.</b> <b>Milwaukee, WI 53290-0001</b>		<b>07/01/2006</b>  <b>Utility services</b>		<b>X</b>		<b>1.00</b>

Sheet no. 16 of 16 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>563.00</b>
Total >	\$	<b>42,300.69</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Laura J. Maitland 6280521  
Rawles & Maitland  
325 Washington Street  
Suite 301  
Waukegan, IL 60085-5526

(847) 360-8040  
Attorney for the Petitioner(s)

## UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

Eastern Division

In Re:

Debtor: **Ryanne Elizabeth Langley**

Social Security Number: **7896**

Case No:

Chapter **7**

Numbered Listing of Creditors

Creditor name and mailing address		Category of Claim	Amount of Claim
1.	<b>CMI</b> <b>4200 International Pkwy.</b> <b>Carrollton, TX 75007-1912</b>	<b>Unsecured Claims</b>	<b>\$ 180.00</b>
2.	<b>HSBC Best Buy</b> <b>P. O. Box 15521</b> <b>Wilmington, DE 19805</b>	<b>Unsecured Claims</b>	<b>\$ 1,609.00</b>
3.	<b>Oliver Adjustment Co.</b> <b>3416 Roosevelt Rd.</b> <b>Kenosha, WI 53142</b>	<b>Unsecured Claims</b>	<b>\$ 19.00</b>
4.	<b>Capital One Bank</b> <b>P. O. Box 30281</b> <b>Salt Lake City, UT 84180-0281</b>	<b>Unsecured Claims</b>	<b>\$ 1,470.00</b>
5.	<b>Account Recovery Service</b> <b>3031 N. 114th Street</b> <b>Milwaukee, WI 53222-4208</b>	<b>Unsecured Claims</b>	<b>\$ 2,492.00</b>



In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

6.	<b>Account Recovery Services</b> 3031 N. 114th Street Milwaukee, WI 53222-4208	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
7.	<b>American Collection Corp.</b> 919 Estes Ct. Schaumburg, IL 60193-4427	<b>Unsecured Claims</b>	<b>\$ 428.00</b>
8.	<b>AmeriCredit Financial Services, Inc.</b> P. O. Box 183123 Arlington, TX 76096-3123	<b>Unsecured Claims</b>	<b>\$ 10,616.65</b>
9.	<b>AMO Recoveries</b> P. O. Box 926100 Norcross, GA 30010-6200	<b>Unsecured Claims</b>	<b>\$ 559.14</b>
10.	<b>Armor Systems Corp.</b> 2322 N. Green Bay Rd. Waukegan, IL 60087-4209	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
11.	<b>Arrow Financial Services</b> 5996 W. Touhy Ave. Niles, IL 60714-4610	<b>Unsecured Claims</b>	<b>\$ 466.00</b>
12.	<b>Arrow Financial Services</b> 5996 W. Touhy Ave. Niles, IL 60714-4610	<b>Unsecured Claims</b>	<b>\$ 1,967.00</b>
13.	<b>Arrow Financial Services</b> 5996 W. Touhy Ave. Niles, IL 60714-4610	<b>Unsecured Claims</b>	<b>\$ 852.00</b>
14.	<b>Certified Services, Inc.</b> 1733 Washington St., St. 201 Waukegan, IL 60085-5179	<b>Unsecured Claims</b>	<b>\$ 85.00</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

15.	<b>CMI 4200 International Pkwy. Carrollton, TX 75007-1912</b>	<b>Unsecured Claims</b>	<b>\$ 442.00</b>
16.	<b>Credit Management LP 4200 International Pkwy. Carrollton, TX 75007</b>	<b>Unsecured Claims</b>	<b>\$ 442.00</b>
17.	<b>Credit Management LP 17070 Dallas Pkwy. Dallas, TX 75248-1950</b>	<b>Unsecured Claims</b>	<b>\$ 0.00</b>
18.	<b>Credit Protection Assoc. 13355 Noel Rd., Ste. 2100 Dallas, TX 75240</b>	<b>Unsecured Claims</b>	<b>\$ 134.00</b>
19.	<b>Falls Collection Service P. O. Box 668 Germantown, WI 53022</b>	<b>Unsecured Claims</b>	<b>\$ 984.00</b>
20.	<b>Federated Adjustment Co., Inc. P. O. Box 17165 Milwaukee, WI 53217-0165</b>	<b>Unsecured Claims</b>	<b>\$ 25.00</b>
21.	<b>Financial Control Service N114 W 19225 Clinton Dr. Germantown, WI 53022</b>	<b>Unsecured Claims</b>	<b>\$ 1,161.00</b>
22.	<b>First Premier Bank 601 S. Minnesota Ave. Sioux Falls, SD 57104</b>	<b>Unsecured Claims</b>	<b>\$ 477.00</b>
23.	<b>Genesis Clinical Laboratory 1590 Paysphere Circle Chicago, IL 60674-0015</b>	<b>Unsecured Claims</b>	<b>\$ 9.81</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

24.	<b>Genesis Clinical Laboratory 1590 Paysphere Circle Chicago, IL 60074-0015</b>	<b>Unsecured Claims</b>	<b>\$ 9.81</b>
25.	<b>Household Credit Services P. O. Box 98706 Las Vegas, NV 89193-8706</b>	<b>Unsecured Claims</b>	<b>\$ 283.00</b>
26.	<b>Household Credit Services P. O. Box 98706 Las Vegas, NV 89193-8706</b>	<b>Unsecured Claims</b>	<b>\$ 235.00</b>
27.	<b>HSBC Bank P. O. Box 5253 Carol Stream, IL 60197</b>	<b>Unsecured Claims</b>	<b>\$ 636.00</b>
28.	<b>HSBC Bank P. O. Box 5253 Carol Stream, IL 60197</b>	<b>Unsecured Claims</b>	<b>\$ 616.00</b>
29.	<b>K. C. A. Financial Service P. O. Box 63 Geneva, IL 60134-0053</b>	<b>Unsecured Claims</b>	<b>\$ 867.00</b>
30.	<b>Kenosha County Circuit Court 912 56th St. Kenosha, WI 53140</b>	<b>Unsecured Claims</b>	<b>\$ 1,377.00</b>
31.	<b>Kenosha Pathology Consultants P. O. Box 130 Kenosha, WI 53141-0130</b>	<b>Unsecured Claims</b>	<b>\$ 16.32</b>
32.	<b>Lake Forest OB/GYN &amp; Infertility 900 N. Westmoreland Rd., Ste. 228 Lake Forest, IL 60030</b>	<b>Unsecured Claims</b>	<b>\$ 2.03</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

33.	<b>LCA P. O., Box 2240 Burlington, NC 27216-2240</b>	<b>Unsecured Claims</b>	<b>\$ 17.03</b>
34.	<b>Majed Jandali MD PC 6308 Eighth Ave., Ste. 3050 Kenosha, WI 53143</b>	<b>Unsecured Claims</b>	<b>\$ 171.95</b>
35.	<b>Majed Jandali MD SC Attn: Collections 6308 8th Ave., Ste. 3050 Kenosha, WI 53143</b>	<b>Unsecured Claims</b>	<b>\$ 171.65</b>
36.	<b>Medco Financial Asoc., Inc. P. O. Box 525 Gurnee, IL 60031</b>	<b>Unsecured Claims</b>	<b>\$ 311.00</b>
37.	<b>Midland Credit Mgmt., Inc. 8875 Aero Dr., Ste. 200 San Diego, CA 92123</b>	<b>Unsecured Claims</b>	<b>\$ 108.00</b>
38.	<b>Midland Credit Mgmt., Inc. 8875 Aero Dr., Ste. 200 San Diego, CA 92123</b>	<b>Unsecured Claims</b>	<b>\$ 1,099.00</b>
39.	<b>Midwest Phys. Anes. Svcs., P. C. 4703 Paysphere Circle Chicago, IL 60674</b>	<b>Unsecured Claims</b>	<b>\$ 168.48</b>
40.	<b>Money Control P. O. Box 49990 Riverside, CA 92514-1990</b>	<b>Unsecured Claims</b>	<b>\$ 108.00</b>
41.	<b>NCO Financial P. O. Box 41466 Philadelphia, PA 19101</b>	<b>Unsecured Claims</b>	<b>\$ 135.00</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

42.	<b>NCO Financial P. O. Box 41466 Philadelphia, PA 19101</b>	<b>Unsecured Claims</b>	<b>\$ 256.00</b>
43.	<b>NCO Financial Systems P. O. Box 27141 Philadelphia, PA 19101</b>	<b>Unsecured Claims</b>	<b>\$ 98.00</b>
44.	<b>NCO Financial Systems P. O. Box 27141 Philadelphia, PA 19101</b>	<b>Unsecured Claims</b>	<b>\$ 170.00</b>
45.	<b>NCO Financial Systems, Inc. P. O. Box 15630 Wilmington, DE 19850-5630</b>	<b>Unsecured Claims</b>	<b>\$ 25.00</b>
46.	<b>Oliver Adjustment 3917 47th Ave. Kenosha, WI 53144-1956</b>	<b>Unsecured Claims</b>	<b>\$ 19.00</b>
47.	<b>Oliver Adjustment Co. 3416 Roosevelt Rd. Kenosha, WI 53142</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
48.	<b>Oliver Adjustment Co. 3416 Roosevelt Rd. Kenosha, WI 53142</b>	<b>Unsecured Claims</b>	<b>\$ 211.00</b>
49.	<b>Oliver Adjustment Co. 3416 Roosevelt Rd. Kenosha, WI 53142</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
50.	<b>Oliver Adjustment Co. 3416 Roosevelt Rd. Kenosha, WI 53142</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

51.	<b>Oliver Adjustment Co. 3416 Roosevelt Rd. Kenosha, WI 53142-3937</b>	<b>Unsecured Claims</b>	<b>\$ 153.00</b>
52.	<b>Oxford Collection Service 135 Maxess Rd., Ste. 2A Melville, NY 11747</b>	<b>Unsecured Claims</b>	<b>\$ 639.00</b>
53.	<b>Peoples Energy 130 E. Randolph Dr., 17th Floor Chicago, IL 60601</b>	<b>Unsecured Claims</b>	<b>\$ 456.00</b>
54.	<b>Portfolio Recovery Assoc. P. O. Box 12914 Norfolk, VA 23541-0914</b>	<b>Unsecured Claims</b>	<b>\$ 156.00</b>
55.	<b>Professional Account Mgmt. 2040 W. Wisconsin Ave. Milwaukee, WI 53233</b>	<b>Unsecured Claims</b>	<b>\$ 280.00</b>
56.	<b>Revenue Cycle Solutions 3 Westbrook, Suite 200 Westchester, IL 11/01/05</b>	<b>Unsecured Claims</b>	<b>\$ 463.00</b>
57.	<b>Sallie Mae P. O. Box 9500 Wilkes Barre, PA 18773-9500</b>	<b>Priority Claims</b>	<b>\$ 914.00</b>
58.	<b>Sallie Mae P. O. Box 9500 Wilkes Barre, PA 18773-9500</b>	<b>Priority Claims</b>	<b>\$ 609.00</b>
59.	<b>Sallie Mae P. O. Box 9500 Wilkes Barre, PA 18773-9500</b>	<b>Priority Claims</b>	<b>\$ 3,500.00</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

60.	<b>Senex Services 3500 Depauw Blvd., Ste. 3050 Indianapolis, IN 46268-1138</b>	<b>Unsecured Claims</b>	<b>\$ 463.00</b>
61.	<b>Senex Services 3500 Depauw Blvd., Ste. 3050 Indianapolis, IN 46268-1138</b>	<b>Unsecured Claims</b>	<b>\$ 194.00</b>
62.	<b>State Colleciton Service P. O. Box 6250 Madison, WI 53701</b>	<b>Unsecured Claims</b>	<b>\$ 328.00</b>
63.	<b>State Collection Serv. P. O. Box 6250 Madison, WI 53701</b>	<b>Unsecured Claims</b>	<b>\$ 175.00</b>
64.	<b>State Collection Service P. O. Box 6250 Madison, WI 53701</b>	<b>Unsecured Claims</b>	<b>\$ 80.00</b>
65.	<b>State Collection Service P. O. Box 6250 Madison, WI 53701</b>	<b>Unsecured Claims</b>	<b>\$ 218.00</b>
66.	<b>State Collection Service P. O. Box 6250 Madison, WI 53701</b>	<b>Unsecured Claims</b>	<b>\$ 223.00</b>
67.	<b>State Collection Services P. O. Box 6250 Madison, WI 53701</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
68.	<b>State Collection Services P. O. Box 6250 Madison, WI 53701</b>	<b>Unsecured Claims</b>	<b>\$ 683.00</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

69.	<b>Target National Bank P. O. Box 673 Minneapolis, MN 55440-0673</b>	<b>Unsecured Claims</b>	<b>\$ 299.00</b>
70.	<b>U. S. Cellular P. O. Box 0203 Palatine, IL 60055-0203</b>	<b>Unsecured Claims</b>	<b>\$ 447.31</b>
71.	<b>Unifund CCR Partners 10625 Techwood Cir. Cincinnati, OH 45242-2846</b>	<b>Unsecured Claims</b>	<b>\$ 2,047.00</b>
72.	<b>United Hospital System 6308 Eighth Ave. Kenosha, WI 54143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
73.	<b>United Hospital System 6308 8th Ave. Kenosha, WI 53143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
74.	<b>United Hospital System 6308 8th Ave. Kenosha, WI 53143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 46.77</b>
75.	<b>United Hospital System, Inc. 6308 Eighth Ave. Kenosha, WI 53143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 90.01</b>
76.	<b>United Hospital System, Inc. 6308 Eighth Ave. Kenosha, WI 53143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
77.	<b>United Hospital System, Inc. 6308 Eighth Ave. Kenosha, WI 53143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>



In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

78.	<b>United Hospital Systems 6308 8th Ave. Kenosha, WI 53143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 1,766.73</b>
79.	<b>United Hospital Systems 6308 8th Ave. Kenosha, WI 53143-5082</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
80.	<b>Washington Mutual 5040 Johnson Dr. Pleasanton, CA 94566</b>	<b>Unsecured Claims</b>	<b>\$ 306.00</b>
81.	<b>Washington Mutual/Providian P. O. Box 9180 Pleasanton, CA 94566</b>	<b>Unsecured Claims</b>	<b>\$ 155.00</b>
82.	<b>Wisconsin Electric 333 W. Everett St. Milwaukee, WI 53290-0001</b>	<b>Unsecured Claims</b>	<b>\$ 1.00</b>
83.	<b>Wisconsin Electric 333 W. Everett St. Milwaukee, WI 53290-0001</b>	<b>Unsecured Claims</b>	<b>\$ 1.00</b>

In re: **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

## DECLARATION

I, **Ryanne Elizabeth Langley**, named as debtor in this case, declare under penalty of perjury that I have have read the foregoing Numbered Listing of Creditors, consisting of **10 sheets** (not including this declaration), and that it is true to the best of my information and belief.

Signature: **s/ Ryanne Elizabeth Langley**  
**Ryanne Elizabeth Langley**

Dated: **9/16/2009**

B6G (Official Form 6G) (12/07)

In re: Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Michael K. Moore 39475 Geneva Lane Beach Park, IL 60099	Lease for residential property located at 1015 31st Street, Zion, IL 60099

B6H (Official Form 6H) (12/07)

In re: Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

In re **Ryanne Elizabeth Langley**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <b>single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Unemployed</b>	
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)

\$ **2,889.14** \$ \_\_\_\_\_

2. Estimate monthly overtime

\$ **0.00** \$ \_\_\_\_\_

3. SUBTOTAL

\$ **2,889.14** \$ \_\_\_\_\_

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ **552.34** \$ \_\_\_\_\_

b. Insurance

\$ **0.00** \$ \_\_\_\_\_

c. Union dues

\$ **0.00** \$ \_\_\_\_\_

d. Other (Specify) \_\_\_\_\_

\$ **0.00** \$ \_\_\_\_\_

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ **552.34** \$ \_\_\_\_\_

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ **2,336.80** \$ \_\_\_\_\_

7. Regular income from operation of business or profession or farm  
(Attach detailed statement)

\$ **0.00** \$ \_\_\_\_\_

8. Income from real property

\$ **0.00** \$ \_\_\_\_\_

9. Interest and dividends

\$ **0.00** \$ \_\_\_\_\_

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ **0.00** \$ \_\_\_\_\_

11. Social security or other government assistance  
(Specify) \_\_\_\_\_

\$ **0.00** \$ \_\_\_\_\_

12. Pension or retirement income

\$ **0.00** \$ \_\_\_\_\_

13. Other monthly income

(Specify) \_\_\_\_\_

\$ **0.00** \$ \_\_\_\_\_

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ **0.00** \$ \_\_\_\_\_

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ **2,336.80** \$ \_\_\_\_\_

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

**\$ 2,336.80**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

**NONE**

B6J (Official Form 6J) (12/07)

In re Ryanne Elizabeth Langley

Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>500.00</u>
a. Are real estate taxes included?      Yes _____ No <u>✓</u>		
b. Is property insurance included?      Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>175.00</u>
b. Water and sewer	\$	<u>35.00</u>
c. Telephone	\$	<u>100.00</u>
d. Other <u>Cable TV</u>	\$	<u>90.00</u>
<u>Garbage removal services</u>	\$	<u>35.00</u>
<u>Wireless Internet Services</u>	\$	<u>75.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>50.00</u>
4. Food	\$	<u>400.00</u>
5. Clothing	\$	<u>100.00</u>
6. Laundry and dry cleaning	\$	<u>60.00</u>
7. Medical and dental expenses	\$	<u>60.00</u>
8. Transportation (not including car payments)	\$	<u>250.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>50.00</u>
10. Charitable contributions	\$	<u>50.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>150.00</u>
d. Auto	\$	<u>60.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>330.00</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other _____	\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>2,570.00</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

### 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>2,336.80</u>
b. Average monthly expenses from Line 18 above	\$	<u>2,570.00</u>
c. Monthly net income (a. minus b.)	\$	<u>-233.20</u>

**United States Bankruptcy Court  
Northern District of Illinois  
Eastern Division**

In re **Ryanne Elizabeth Langley**  
Debtor

Case No. \_\_\_\_\_  
Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

<b>Type of Liability</b>	<b>Amount</b>
Domestic Support Obligations (from Schedule E)	<b>\$ 0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$ 5,023.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$ 0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$ 0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	<b>\$ 0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$ 0.00</b>
<b>TOTAL</b>	<b>\$ 5,023.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>\$ 2,336.80</b>
Average Expenses (from Schedule J, Line 18)	<b>\$ 2,570.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	<b>\$ 2,889.14</b>

**United States Bankruptcy Court  
Northern District of Illinois  
Eastern Division**

In re **Ryanne Elizabeth Langley**  
Debtor

Case No. \_\_\_\_\_  
Chapter **7**

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$ 0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$5,023.00</b>
4. Total from Schedule F		<b>\$42,300.69</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$47,323.69</b>



B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court  
Northern District of Illinois  
Eastern Division**

In re **Ryanne Elizabeth Langley**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 6,426.35		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 5,023.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	17		\$ 42,300.69	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,336.80
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 2,570.00
<b>TOTAL</b>		<b>29</b>	<b>\$ 6,426.35</b>	<b>\$ 47,323.69</b>	

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ **31** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 9/16/2009

Signature: s/ Ryanne Elizabeth Langley  
**Ryanne Elizabeth Langley**  
Debtor

[If joint case, both spouses must sign]

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

B7 (Official Form 7) (12/07)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division

In re: **Ryanne Elizabeth Langley**

Debtor

Case No. \_\_\_\_\_

(If known)

**STATEMENT OF FINANCIAL AFFAIRS**

**1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
17,761.85	Employment - TAP Industries	01/01/06 - 12/31/06
18,196.71	Employment - Abbott Laboratories	01/01/06 - 12/31/06
2,411.75	Employment - Practical Publications	01/01/07 - 12/31/07
42,076.37	Employment - Abbott Laboratories	01/01/07 - 12/31/07
27,327.04	Income from Employment - Abbott Laboratories, Inc.	01/01/08 - 06/27/08
14,020.84	Income from employment and unemployment compensatoin	01/01/09 - 06-30-09

**2. Income other than from employment or operation of business**

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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### 3. Payments to creditors

**Complete a. or b., as appropriate, and c.**

None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Americredit</b> <b>801 Cherry St., Ste 3900</b> <b>Fort Worth, TX 76102</b>	<b>07/08, 08/08 and 09/08</b>	<b>941.10</b>	<b>10,444.00</b>
<b>Michael K. Moore</b> <b>39475 Geneva Lane</b> <b>Beach Park, IL 60099</b>	<b>05/01/09 - 500.00</b> <b>06/01/09 - 500.00</b> <b>07/01/09 - 500.00</b>	<b>1,500.00</b>	<b>0.00</b>

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATIO	STATUS OR DISPOSITION
<b>Med1 United Hospital System v. Ryanne Langley</b> <b>05 SC 003228</b>	<b>Suit to collect fees for medical services rendered</b>	<b>Kenosha Circuit Court</b> <b>912 56th Street</b> <b>Kenosha, WI 53140</b>	<b>Judgment entered</b> <b>1,377.00</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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## 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
AmeriCredit Financial Services, Inc. P. O. Box 183123 Arlington, TX 76096-3123	03/30/2009	2005 Chevrolet Malibu with remaining loan balance of \$10,616.65

## 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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## 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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## 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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## 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Consumer Cr. Couns. of Greater Atlanta</b> <b>100 Edgewood Ave., Ste. 1800</b> <b>Atlanta, GA 30303</b>	<b>Payment by debtor on</b> <b>01/07/09</b>	<b>50.00</b>
<b>Rawles &amp; Maitland</b> <b>Attorneys at Law</b> <b>325 Washington St., Ste. 301</b> <b>Waukegan, IL 60085-5526</b>	<b>07/25/08 - The Clara</b> <b>Abbott Foundation</b>	<b>2700.00 attorney fees</b>

## 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY
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### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITOR	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/16/2009

Signature  
of Debtor

s/ RYANNE ELIZABETH LANGLEY  
RYANNE ELIZABETH LANGLEY

B 8 (Official Form 8) (12/08)

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division**

In re Ryanne Elizabeth Langley  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. *(Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)*

Property No. 1	
<b>Creditor's Name:</b> None	<b>Describe Property Securing Debt:</b>
<p>Property will be <i>(check one)</i>:</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to <i>(check at least one)</i>:</p> <p><input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f))</p> <p>Property is <i>(check one)</i>:</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

**PART B** – Personal property subject to unexpired leases. *(All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)*

Property No. 1		
<b>Lessor's Name:</b> Michael K. Moore	<b>Describe Leased Property:</b> Lease for residential property located at 1015 31st Street, Zion, IL 60099	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached *(if any)*

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: 9/16/2009

s/ Ryanne Elizabeth Langley  
Ryanne Elizabeth Langley  
Signature of Debtor

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division

In re: Ryanne Elizabeth Langley

Debtor

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,700.00</u>
Prior to the filing of this statement I have received	\$	<u>2,700.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☐ Debtor ☒ Other (specify) **The Clara Abbott Foundation**

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 9/16/2009

s/Laura J. Maitland

**Laura J. Maitland, Bar No. 6280521**

**Rawles & Maitland**

Attorney for Debtor(s)

B 201 (12/08)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of the Debtor**

I, the debtor, affirm that I have received and read this notice.

**Ryanne Elizabeth Langley**

Printed Name of Debtor

Case No. (if known) \_\_\_\_\_

**Xs/ Ryanne Elizabeth Langley**

**Ryanne Elizabeth Langley**

Signature of Debtor

**9/16/2009**

Date

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Ryanne Elizabeth Langley**

Case No.

Debtor.

Chapter **7**

**STATEMENT OF MONTHLY NET INCOME**

The undersigned certifies the following is the debtor's monthly income .

Income:	Debtor
Six months ago	<b>\$3,321.52</b>
Five months ago	<b>\$3,697.68</b>
Four months ago	<b>\$3,376.68</b>
Three months ago	<b>\$1,751.37</b>
Two months ago	<b>\$2,022.17</b>
Last month	<b>\$2,022.17</b>
Income from other sources	<b>\$0.00</b>
Total net income for six months preceding filing	<b>\$ 16,191.59</b>
<b>Average Monthly Net Income</b>	<b>\$ 2,698.60</b>

Attached are all payment advices received by the undersigned debtor prior to the petition date, I declare under penalty of perjury that I have read the foregoing statement and that it is true and correct to the best of my knowledge, information, and belief.

Dated: **9/16/2009**

**s/ Ryanne Elizabeth Langley**

**Ryanne Elizabeth Langley**

Debtor